INDIVIDUAL MEDICARE SUPPLEMENT COVERAGE

Sold in New Jersey

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HORIZON BLUE CROSS/BLUE SHIELD OF NEW JERSEY

Telephone: 1-800-224-1234

| PLAN INFORMATION | | | | MEDICARE PART A HOSPITAL COSTS | | | | MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS | | | MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.) | | | OTHER | | | | |
|-------------------------------------|--|--|---|---|---|--|--|--|--|--|--|--|--|--|--|---|---|--|
| ł | | | PLAN PAYS | | | | PLAN PAYS | | | PLAN PAYS | | | PLAN PAYS | | | | | |
| MONTHLY PREMIUM | COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS | * PRE-EX. MEDICAL CONDITION WAITING PERIOD | \$876 DEDUCT. (2004) | \$219 COPAY FOR DAYS 61-90 (2004) | \$438 COPAY FOR DAYS 91-150 (2004) | 100% AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME | \$109.50 COPAY FOR DAYS 21-100 (2004) | AFTER 100 DAYS WHEN MEDICARE STOPS PAYING | COSTS IN A SNF NOT APPROVED BY MEDICARE | \$100 ANNUAL DEDUCT. (2004) | 20% OF MEDICARE ALLOWED AMOUNT | COSTS THAT EXCEED ALLOWED AMOUNT | PARTS A & B BLOOD DEDUCTIBLE | FOREIGN TRAVEL EMERGENCY | AT-HOME RECOVERY | Rx DRUGS | PREVENTIV MEDICAL CARE | |
| 107.41 | No | 6 mos. | | Yes | Yes | Yes | | | | | Yes | | Yes | | | | | |
| 164.34 | No | 6 mos. | Yes | Yes | Yes | Yes | Yes | | | Yes | Yes | | Yes | Yes | | | | |
| 124.83 (INCREASES) (WITH AGE) | No | 6 mos. | Yes | Yes | Yes | Yes | Yes | | | Yes | Yes | Yes | Yes | Yes | | | | |
| 160.47 | Voott | 6 mos. | Yes | Yes | Yes | Yes | Yes | | | | Yes | Yes | Yes | Yes | Yes | Yes ¹ | | |
| | MONTHLY PREMIUM 107.41 164.34 124.83 (INCREASES) (WITH AGE) | MONTHLY PREMIUM PREMIUM REASONS 107.41 No 164.34 No 124.83 (INCREASES) (WITH AGE) | MONTHLY PREMIUM REASONS PERIOD 107.41 No 6 mos. 124.83 (INCREASES) (WITH AGE) | MONTHLY PREMIUM REASONS PERIOD \$876 DEDUCT. (2004) 107.41 No 6 mos. Yes 124.83 (INCREASES) No 6 mos. Yes | HOSPITA COMPANY MAY DENY COVERAGE FOR MEDICAL CONDITION WAITING PERIOD PERIOD (2004) 107.41 No 6 mos. Yes 124.83 No 6 mos. Yes Yes | COMPANY MAY DENY COVERAGE FOR PERIOD S876 DAYS DAYS S119 COPAY FOR DAYS DAYS DEDUCT. (2004) (2004) (2004) (2004) COMPANS DEDUCT. (2004) (2004) (2004) COMPANS DEDUCT. (2004) (2004) (2004) (2004) COMPANS DEDUCT. (2004) COMPANS DEDUCT. (2004) (2004) COMPANS DEDUCT. (2004) C | No Hospital Costs | HOSPITAL COSTS SKILLE () | HOSPITAL COSTS SKILLED NURS. F. (SNF) COST | No Hospital Costs Skilled Nurs. Facility (SNF) Costs | HOSPITAL COSTS SKILLED NURS. FACILITY (SNF) COSTS PLAN PAYS PATER DAY (SNF) COSTS NA FITER DAY (SNF) COSTS NA FITER DAY (SNF) COSTS NA FITER DAY (SNF) COVERAGE FOR MEDICAL PERIOD POR MEDICAL REASONS PERIOD POR MEDICAR PERIOD POR MEDICAR PERIOD POR DAYS PAYING P | HOSPITAL COSTS SKILLED NURS. FACILITY (SNF) COSTS (DRS., OUTPATIEN (SNF) COSTS (DRS., | HOSPITAL COSTS SKILLED NURS. FACILITY (SNF) COSTS (DRS., OUTPATIENT, ETC.) | HOSPITAL COSTS SKILLED NURS, FACILITY (DRS., OUTPATIENT, ETC.) | HOSPITAL COSTS SKILLED NURS, FACILITY (SNF) COSTS (DRS., OUTPATIENT, ETC.) | No. No. | HOSPITAL COSTS SKILLED NURS. FACILITY (SNF) COSTS (DRS., OUTPATIENT, ETC.) STEEL COSTS (DRS., OUTPATIENT, ETC.) | |

^{*} PRE-EXISTING MEDICAL CONDITION WAITING PERIOD MAY NOT APPLY. (See Guide to Health Insurance for People with Medicare.)

STATE OF NEW JERSEY STATE HEALTH INSURANCE ASSISTANCE PROGRAM S.H.I.P. DEPT. OF HEALTH & SR. SERVICES JANUARY 2004

^{**} SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN-ENROLLMENT PERIOD. (See Guide to Health Insurance for People with Medicare.)

^{1. &}quot;BASIC" BENEFIT WITH \$250 ANNUAL DEDUCTIBLE, 50% COPAY AND A \$1,250 MAXIMUM ANNUAL BENEFIT.